

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

Departmental Quality Improvement Council Meeting

AGENDA

May 13, 2013

9:00 – 10:30 a.m.

550 S. Vermont Ave., 2nd Floor Conference Room
Los Angeles, CA 90020

Martha Drinan, RN, MN, Chair

Carol Eisen, M.D., Co-Chair

I	9:00 - 9:05	Introductions & Review of Minutes	QIC Members
II	9:05 – 9:35	SA QIC Reports & Countywide Children's QIC Report	SA QIC Chairs/ Co-Chairs
III	9:35 – 9:45	Cultural Competency Committee Report	S. Chang- Ptasinski
IV	9:45 – 9:55	Clinical Quality Improvement <ul style="list-style-type: none"> > OMD Report > 2012 Peer Review Summary 	C. Eisen M. O'Donnell
V	9:55 – 10:00	PRO	R. Jibri
VI	10:00 – 10:10	Translation & Interpretation Services (TIS) Unit	S. Guerrero
VII	10:10– 10:20	QI Champion – SA 8 Kiosk Project	A. Lee
VIII	10:20 – 10:25	Provider Directories	V. Joshi
IX	10:25 – 10:30	Test Calls	T. Beyer M. Crosby

Next Meeting

June 10, 2013

9:00 – 10:30 a.m.

550 S. Vermont Ave.
2nd Floor Conference Room
Los Angeles, CA 90020

2012 Peer Review

Summary of Findings

May 7, 2013

1. The purposes of this review of psychotropic medication regimens for indigent clients for the month of June 2012 in twenty-two Directly-Operated Mental Health Centers (MHCs) were:
 - a. To examine the regimens of clients prescribed or furnished 5 or more concurrent psychotropic medications as such regimens are most likely to contain departures from DMH parameters. To determine if the regimens with departures have the required documentation of a risk-benefit analysis to justify the departure, and
 - b. To monitor compliance with the required Outpatient Medication Review documentation listing all current medications and dated within the past 12 months.
2. The most common departures and related indicators to determine compliance with parameters and policy regarding the completion of the Outpatient Medication Review with the client are:
 - a. The use of a Benzodiazepine in a client with a diagnosis of a co-occurring substance use disorder (28% of which 47% justified)
 - b. The use of more than one antipsychotic medication, (11% of which 70% justified)
 - c. The use of more than one new generation antidepressant medication (52% of which 63% justified)
 - d. The use of more than two mood stabilizers (1% of which 100% justified), and
 - e. The use of more than one benzodiazepine (8%, none justified)
 - f. All current medications not listed on the Outpatient Medication Review form (35%) , and
 - g. The Outpatient Medication Review not dated within the last 12 months (35%).
3. For this review we established a baseline of the distribution of indigent client regimen sample across the Mental Health Centers studied in order to place the findings in perspective. The MHCs with the largest number of indigent client regimens from the sample were West Valley at 10%, followed by Edelman and Hollywood at 8% and San Fernando at 7%. Long Beach Asian-Pacific at 1%, Coastal Asian Pacific at .75% and the American Indian Counseling Center at .25% has the lowest percentages of regimens.
4. 2% of the cohort (157) contained five or more concurrent psychotropic medication during the study period.
5. The use of more than one benzodiazepine emerged in 8% of the regimens. DMH reviewers find no acceptable justification for this high-risk practice, and therefore all such examples of it fall outside of acceptable prescribing within DMH.
6. The percentage of all studied regimens that departed from parameters, and contained no acceptable justification, was 45%.

7. The required documentation on the Outpatient Medication Review form was not present in 35% of charts reviewed. This was consistent between 2011 and 2012. Since side effects of medications is one of the 4 leading causes of medical malpractice actions, continued review of this criteria is recommended to ensure the discussion of these side effects is documented.



**Service Area 8
Quality Improvement Project: Kiosk Pilot Study
Fiscal Year 2011-2012**



**Brief Summary for the QI Monthly Meeting
May 13, 2013**

Introduction

In 2011, the Service Area 8 Quality Improvement Committee (QIC) developed an information kiosk (display unit) for the Quality Improvement Project as suggested by a consumer representative member of the QIC to enhance service accessibility, service delivery, consumer satisfaction, and linkage to community supports.

Objectives of the Project

The objectives of the Kiosk project were to develop a recovery-oriented and consumer-driven and focused information display that would promote self-empowerment (to link oneself to community services and supports) and improve service accessibility and consumer satisfaction. The kiosk was basically intended to disseminate information, flyers, and brochures to consumers who were waiting in the lobby for their intake appointment.

Pilot Clinic

The kiosk was piloted at Long Beach Mental Health (LBMH) center since they conduct a high volume of walk-in intakes on Mondays and Thursdays (ranging from 25-40 clients per intake day). The pilot study was implemented from April 30-May 4, 2012.

Kiosk Display

A simple display board was created and titled "iCenter" per the suggestion of a consumer committee member. A consumer's poem entitled, "Welcome" was posted on the display board to inform viewers about the purpose of the kiosk from a consumer perspective. The board displayed information regarding the LBMH May 1st Mental Health Month events, the SA 8 monthly consumer community activity coordinated by Project Return, and the local Service Area Advisory Committee meeting flyer.

Resource Information Displayed

- "Pocket Guide Resource Directory" which lists local shelters
- "Community Food and Clothing Resource list" which lists where to go for basic needs (e.g., food, clothing, and shelter) that the majority of walk-in consumers typically seek.

1-item Measure of Success

- Count of the number of items taken.

Findings

- All 300 copies of the community clothing and food resource list and 200 copies of the pocket guide were utilized during the kiosk period.
- Overall, consumers provided positive feedback that the display was eye-catching and informational.

Conclusion

The project was found to be successful based on the utilization of the items displayed and positive consumer feedback.

Suggestions For Future Study

- Pilot kiosks to target Transition Aged Youth (TAY), children, and schools.
- Disseminate information regarding parenting programs in future kiosks
- Use an electronic kiosk to play Metta World Peace's video in schools to promote seeking mental health treatment.
- Locate funds to purchase advanced technology and electronic equipment for kiosks.

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION**

May 13, 2013

TO: Service Area QIC Chairs, Co-Chairs, Liaisons

FROM: *Martha D.*
Martha Drinan, RN, MN
District Chief

Mary Crosby, RN, CNS *Mary Crosby, RN, CNS*
Mental Health Counselor, RN

SUBJECT: TEST CALLS PROJECT, 2013

Based on the recommendation from the of the Summary Report of Test Calls Study: Monitoring Accessibility to the 24/7 Toll Free ACCESS Line (see attached) conducted in 2012, Service Area QICs are asked to participate in the 2013 Test Calls Project. The Test Calls Project is conducted in collaboration with the ACCESS Center and in accordance with California Code of Regulations, Title 9, Section 1810.405 and the State Performance Contract for timeliness and access to services requirements (Section A, 9a. and Section I, 4b. 1-4).

From June 16, 2013 to August 10, 2013, each SA QIC will be responsible for completing 10 test calls, with 5 calls in English and 5 in a non-English language. One Test Call from each service area should be a request for information on beneficiary rights or the beneficiary grievance procedure. Each Test Caller is to complete a Service Area Test Calls to ACCESS Line Form (see attached) for each call placed to the ACCESS Center. Instructions for completing Test Calls are provided (see Test Call Instructions, Test Call Guidelines, and Test Call Scenarios).

Once the 10 Test Calls are completed, please return all Service Area Test-Calls to ACCESS Line Forms to Mary Crosby by August 30, 2013. Please contact Mary Crosby at (213) 251-6736 or email at mcrosby@dmh.lacounty.gov should you have any questions or concerns. Thank you for your continued participation in the Test Calls Project.

Attachments:

- Summary Report of Test Calls Study: Monitoring Accessibility to the 24/7 Toll Free ACCESS Line
- Service Area Test Call Schedule
- Test Call Scenarios
- Test Call Instructions
- Test Call Guidelines
- Service Area Test Calls to ACCESS Line Form
- DMH Policy 202.21

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION (FY 2013-2014)

SERVICE AREA TEST CALL SCHEDULE

In order to avoid overwhelming the ACCESS Center with calls, each Service Area is assigned a one-week period in which to complete Test Calls.

Test Call Schedule:

- Service Area 2, June 16– June 22, 2013
- Service Area 3, June 23 – June 29, 2013
- Service Area 4, June 30 – July 6, 2013
- Service Area 5, July 7 – July 13, 2013
- Service Area 6, July 14 – July 20, 2013
- Service Area 7, July 21 – July 27, 2013
- Service Area 8, July 28 – August 3, 2013
- Service Area 1, August 4 – August 10, 2013

Thank you for your participation.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION (FY 2013-2014)

TEST CALL INSTRUCTIONS

Plan to make Test Calls during the week in which your Service Area Test Calls are scheduled (See Service Area Test Call Schedule). Test Calls may be placed on weekends (Friday after 5:00PM – Monday before 8:00AM), holidays (e.g. Thursday July 4th), and/or after hours (Monday – Friday before 8:00AM and after 5:00PM).

Before calling, please be aware that the ACCESS Center employee MAY ASK YOU for your name, social security number, date of birth, phone number and address. Prior to making a Test Call, decide what personal information you are willing to share and what fictional information you will be providing.

Please print out a test call Form from the LACDMH QI website and complete one form per test call.

You will also be asked if you are a Medi-Cal recipient of services and you should respond that you are NOT. If you respond that you are a Medi-Cal recipient you will be asked for your Medi-Cal number.

IT IS NOT NECESSARY FOR YOU TO SHARE ANY AUTHENTIC PERSONAL INFORMATION AS YOU ARE CALLING IN THE ROLE OF A "SECRET SHOPPER." Decide in advance how you want to respond to the following questions.

- Caller's name?
- Caller's social security number? (You are encouraged to make one up in advance of the call or just refuse to provide it.)
- Caller's date of birth?
- Caller's phone number?
- Caller's address?

DO NOT CALL WITH A CRISIS OR EMERGENCY SCENARIO. If you want scenario ideas, see the Test Call Scenarios document. You may follow the scenarios exactly or use them to help you in developing your own scenario. When applicable, inquire about the process for obtaining a list of the MHP's providers.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION (FY 2013-2014)

TEST CALL GUIDELINES

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(d) specifies: "Each MHP shall provide a statewide, toll-free telephone number that functions 24-hours a day, seven days a week, with language capacity in the languages spoken by the beneficiaries of the county that will provide information to beneficiaries about how to access specialty mental health services, including services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearings processes."

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(f) specifies: "The MHP shall maintain a written log of the initial requests for specialty mental health services from beneficiaries of the MHP. The requests shall be recorded whether they are made via telephone, in writing, or in person. The log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request."

The California Code of Regulations, Title 9, Chapter 11, Section 1810.410(d)(1) specifies: "Each MHP shall provide: a statewide, toll-free telephone number available 24 hours a day, seven days a week, with language capacity in all the languages spoken by the beneficiaries of the MHP as required by Section 1810.405(d)."

PURPOSE OF THE TEST CALLS

Calls to test the MHP's ACCESS Line (not clinic or other hotline numbers) in the following areas:

- Availability 24-hours a day, seven days a week
- Knowledge and helpfulness of the Access Line staff
- Recording of the call on requests-for-service log
- Response capability in a non-English language
- Information on how to use the beneficiary problem resolution and fair hearings processes

BASIC PRINCIPLES OF THE TEST CALLS

- A) **Do not call with an emergency or crisis scenario.** Please call with a routine request for specialty mental health services. If you state that this is an emergency or crisis call, the MHP may contact law enforcement or other emergency personnel.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
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TEST CALL SCENARIOS

The following are scenarios you can use to make the test calls or use as ideas to develop your own script. Please note that the scenarios are not crisis or emergency situations and each is an initial request for mental health services.

Scenario # 1 Parent calling regarding their child who has signs of depression:

Hello, I'm calling to see if I can get help for my son. My son mainly stays in bed in his room for long periods of time and won't come out. He has not been talking much to anyone. He has lost weight and hasn't been eating much. His grades have gone down at school. I brought him to our family doctor and he told me to call for mental health services for my son. My son has not had mental health services before. I'm calling to ask you what I should do.

Scenario # 2 Grief after recent loss:

I'm calling to see if you can help me. I've had a recent loss of a loved one and have been crying a lot and unable to concentrate. I haven't been interested in going places or doing things. I've even lost weight. I went to my family doctor and he said that I'm depressed and could benefit from counseling. Do you know where I can get help?

Scenario # 3 Request for medication:

I just moved here about a month ago. I found your phone number in the phone book. I was seeing a psychiatrist until a month ago and was taking medication. I lost my medication during the move. I need to see a doctor about my medication. Can you help me?

Scenario # 4 Request for information:

I would like to talk to someone about the problems I'm having. I haven't had mental health services before. I thought I could handle the problems myself. I recently lost my job (or, recently got a divorce, etc) and I need to talk to someone because I'm getting very anxious, upset and can't sleep or concentrate. Could you give me information on where I could get services? Would I go to a clinic or could I go to a private psychiatrist? How could I get a list of private psychiatrists close to where I live so I could have information on what my choices are? (Or, how would I get a copy of a beneficiary booklet that would tell me how to obtain services?)

SERVICE AREA TEST- CALLS TO ACCESS LINE FORM

ACCESS PHONE (800) 854-7771

Please Complete One Survey Form per Test Call

Call start time: hr: min: am pm

Time a live person answered: hr: min: am pm

Call end time: hr: min: am pm

Date

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SERVICE AREA (chose one only)

1 2 3 4 5 6 7 8

1) Did the ACCESS agent provide his/her first name? Yes No

(If not provided, test caller must ask for the first name of the ACCESS agent!)

What was the first name of the ACCESS agent: _____

2) Did the ACCESS agent ask you for your name? Yes No

NAME you used in the TEST CALL: First: _____ Last: _____

3) LANGUAGE you USED IN the TEST CALL: English Spanish Other

IF NOT ENGLISH or SPANISH, what language did you use for the TEST CALL? _____

4) For non-English calls, were interpreter services offered? Yes No

If interpreter services were used, were you satisfied with interpreter services? Yes No

If no, explain any problems: _____

5) Reason for the call or type of help requested:

Counseling referral Medication request Beneficiary complaint General information

6) Were you provided with a referral or other information? Yes No

If yes, list here: _____

7) Were you put on hold? Yes No If yes, how many minutes were you on hold? _____

8) Did the ACCESS agent inquire if the situation is an emergency or a crisis? Yes No

9) How satisfied were you with the knowledge and helpfulness of the ACCESS agent?
 Very dissatisfied Not satisfied Somewhat satisfied Satisfied Very satisfied

Thank you for your participation. Please submit completed form to your SA QIC Chair.

THIS SECTION TO BE COMPLETED BY QI DIVISION:

10.) WAS THE CALL LOGGED BY ACCESS CENTER EMPLOYEES (name, date, and disposition)?

Yes No

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes**

Type of Meeting	Departmental Quality Improvement Council	Date	May 13, 2013
Place	550 S. Vermont Ave., 2nd Floor	Start Time:	9:00 a.m.
Chairperson	Martha Drinan	End Time:	10:30 a.m.
Co-Chair Person	Carol Eisen, M.D.		
Recorder:	Maria Gonzalez		
Members Present	Alyssa Bray; Ann Lee; Barbara Paradise; Bertrand Levesque; Carol Eisen; Debi Berzon-Leitelt; Doris Benosa; Elizabeth Owens; Gassia Ekizian; Jessica Wilkins; Kimber Salvaggio; Kumar Menon; Leah Carroll; Leticia Ximenez; Lisa Harvey; Marc Borkheim; Maria Gonzalez; Mary Ann O'Donnell; Mary Crosby; Michael Tredinnick; Michele Munde; Michelle Rittel; Misty Aronoff; Monika Johnson; Nathalie Blume; Staci Atkins; Timothy Beyer; Vandana Joshi.		
WebEx Participants	None		
Excused/Absent Members	Alan Lert; Anahid Assatourian; Angela Kahn; Emilia Ramos; Greg Tchakmakjian; Julie Agojo; Kari Thompson; Lisha Singleton; Lupe Ayala; Marcy Pullard; Rashied Jibri; Rhiannon De Carlo; Rhonda Chabran; Sandra Chang-Ptasinski; Trudy Washington;		
Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Call to Order & Introductions	The meeting was called to order at 9:00 a.m.	Introductions were made.	Martha Drinan
Review of Minutes	The April minutes were reviewed.	Minutes were reviewed and approved.	QIC Membership

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports	SA 1: Members reviewed and discussed QI handbook. Continue to discuss the importance of the new QI project.	Next meeting: July 2, 2013.	B. Paradise
	SA 2 Adult: Dark in April.	Next meeting: May 16, 2013.	K. Salvaggio
	SA 2 Children: Members reviewed and discussed previous QI/QA documents and materials. Mary Crosby from QI Division presented on QI Work Plan Goals for 2013.	Next meeting: June 20, 2013.	M. Rittel
	SA 3: Providers are sharing information and their process regarding QI and QA. Elizabeth Townsend from QA Unit presented on the Re-certification process.	Next meeting: May 15, 2013.	B. Levesque
	SA 4: Members reviewed and discussed previous QI/QA documents. Members talked about how to capture culturally relevant specifics in the Provider Directory and how to meet cultural needs of consumers. IBHIS was discussed as well.	Next meeting: June 18, 2013.	A. Bray
	SA 5: Members went over the Performance Outcomes Report. QI Work Plan Goals were discussed as well as reporting Change of Provider Requests as provided to PRO.	Next meeting: July 9, 2013.	M. Johnson
	SA 6: Information from previous QIC meetings was disseminated. Change of Provider Requests were discussed as well.	Next meeting: May 23, 2013.	S. Atkins
SA 7: No report.	Next meeting: June 11, 2013.	L. Ayala	

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due DaSe
SA QIC Liaison Reports	SA 8: Information from previous Dept. QIC meeting was disseminated. Continue to consider ideas for a new QI project. SA 8 workgroup is meeting quarterly with Debbie Innes-Gomberg concerning the RAND project.	Next meeting: May 15, 2013.	M. Munde
Countywide Children's	Dark in June and July.	Next meeting: August 8, 2013.	L. Harvey
Cultural Competency Committee	Dr. Southard recommended that Cultural Competency be a part of the Healthcare Reform WorkGroups. Upcoming CCC meeting presentation: June – Healthcare Reform fund process. July – Dr. Shaner will present on LACDMH Spirituality Parameters. August - Dr. Paul Arns will talk about culture related data in the IBHIS at the provider level. September - If Dr. Southard is available, he will be sharing his views regarding Cultural Competency, Health Care Reform, and Reducing Disparities.	Next meeting: June 12, 2013. New members are encouraged to consider joining the CCC (with approval of their supervisors).	L. Ximenez
Clinical Issues OMD	Ms. O'Donnell distributed a handout with the 2012 Peer Review Summary of Findings. The purpose of this review of psychotropic medication regimens for indigent clients for the month of June 2012 in twenty-two Directly-Operated Mental Health Centers (MHCs) were: a. To examine the regimens of clients prescribed or furnished 5 or more concurrent psychotropic medications as such regimens are most likely to contain departures from DMH parameters. To determine if the regimens with departures have the required documentation of a risk-benefit analysis to justify the departure, and b. To monitor compliance with the required Outpatient Medication Review documentation listing all current medications and dated within the past 12 months.	Moving forward with the electronic e-Prescribing System Project.	M. O'Donnell C. Eisen C. Eisen M. O'Donnell

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Patient Rights Office	No report.		
QI Champion – SA 8 Kiosk Project	Dr. Lee presented on the SA 8 Kiosk project. The Kiosk was piloted at Long Beach Mental Health Center (LBMHC) since they conduct a high volume of walk-in intakes on Mondays and Thursdays (ranging from 25-40 clients per intake day). The pilot study was implemented from April 30-May 4, 2012.	The project was found to be successful based on utilization of the items displayed and positive consumer feedback. The benefits of this as a tool to create a welcoming waiting room were shared with the membership.	A. Lee
SA Provider Directories – Cultural Linguistic Additions to Provider	Ms. Drinan reported that State System Review team is asking for the addition of cultural information into the Provider Directories.	Waiting for feedback on Culture categories from the Cultural Competency Committee.	M. Drinan V. Joshi
Test Calls Report	Ms. Crosby distributed the Test Calls Memo, Guidelines, Test Call Form, Instructions, Scenarios, and Schedule. Service Areas are asked to conduct 10 test calls per Service Area to ACCESS Center, with 5 in English and 5 Non-English. <u>Under no circumstances should a test call include an emergency scenario.</u>	Questions should be directed to Mary Crosby at (213) 251-6736	M. Crosby
Announcements:	None		
Handouts	<ul style="list-style-type: none"> ➤ Test Call Memo and attachments ➤ 2012 Peer Review Summary of Findings ➤ Brief Summary of SA 8 Kiosk Project 		
Next Meeting	June 10, 2013		

Respectfully Submitted,

Martha Drinan, RN, MN